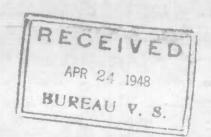
ect age	age shown on: 2411 N. Charle	PARTMENT OF HEALTH a St., Baltimore E OF DEATH Reg. Diat. No. 26.0	
n carefully. The corresory and legibly	1. PLACE OF DEATH: County of town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Coughy City or town limits, write RURAL and give nearest town)	
information care	3. (a) FULL NAME Learence B. Barneol	3. (b) Social Security Number	
at he	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 20 19 15 21 7 P M	
VS A15 9.45-15M HARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes	6.(b) Nams of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Office 19 19 19 19 19 19 19 19 19 19 19 19 19	
	16. Informani Address 17. Date information or removal Which?) Cemetery or crematory Location 18. Funeral director. Address 19. Date information of period of the property of the proper	Autopsy results PHYSICIAN: Picase underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	



VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1		
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For proport infamily, give residence of mother)
	County	the state of the s
	City or town (if own lamits, write RURAL and give nearest town)	
	How long in above place of grath?	City or town
	Hospital, Institution, or street address where death occurred	Street No.
		(If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war.
	3. (a) FULL NAME	3. (b) Social Security Number
	Trene 6. Deanchamp	
1	4. Sgx 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1	Lewel Mute Married	2D. DATE DF DEATH. 4/14 1948 at
	Trails Queres land	21. I CSSTIFY that death occurred on the date above stated; that I attended deceased from
	6,(b) Name of husband or wife	Jan 139 19 47,10 8 fer 19 4 8
	7. Birth date of	and that I last saw hall alive on Sufacil 4, 18.48
	deceased (mo., day, yr.) and 17, 1885	Immediate cause of death DURATION
	8. AGE: Years Months Days If less than one day	Can and the Milarelle Cura
	62 7 27hrsmin.	O Cear
-	8. Birthplace Fraismount, Somered, My	Due to Helf as Personie Heart ale
	9. Birthplace	188140 a 10 4
	10. Usual occupation Domestic	Que to.
	1t. Industry or business	049 10
	El Walter & Mereditte	Other conditions Della G. G.
	12. Name VM as a l	Jesus
	at 13. Birthplace	(Include pregnance within 8 months of death)
	14. Malden name Luth But Stavett	Major findings of operations.
	\$ 15. Birthplace Amerset, Co. My	Oate of op.
	18. Informant Catherine Nelson	Autopsy results
	W. Times make	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	Address / Stover, Via	22. VIOLENCE: If death was due to external causes, fill in the following:
	(Burial, cremation, or removal, Which)	Accident, suicide, or homicide
	Cemetery or crematory A. M.	Where did injury occur?
	Cemerary or crematory	
	Location Day David	injured at home, farm, industry, public place (where?)
	18. Funeral director by Harry 15. Miles	Means of Injury Injured et work?
	Address Inper Fairmount.	the Bute Course
	4/11/19 10 0 11/1	23. SIGNATURE
	(Date roc'd by registrar)	Address Princes Cume md note closed about 11 1948
		TO RUNIDADA AND TAKE A PARTITION OF THE PARTY OF THE PART



PLEASE

(Date rec'd by registrar)

S

	PARTMENT OF HEALTH
Evidence for change of birth date 2411 N. Charle and age shown on: CERTIFICAT	TE OF DEATH Reg. Dist. No. 265
Cliy or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death? Hospitai, Institution, or street address where dath occurred: The lane adventure of the control of the co	City or town. (If outside city of town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) 11 veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Joseph J. Bradshaur	218-05-888
4. Sex (15. Colorfor race (15) Single, married, widowed, or divorced make white	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 19 148, at 11
6.(b) Name of husband or wite Sallie S.(c) 11 alive, give age S. years 7. Birth date of deceased (mo., day, yr.) Postology 7 + 889 / 888 8. AGE: Years Months Days It less than one day 6.(b) Name of husband or wite Sallie S.(c) 11 alive, give age S. years 7. Birth date of deceased (mo., day, yr.) Postology 7 + 889 / 888 8. AGE: Years Months Days It less than one day 6.(c) 11 alive, give age S. years 7. Birth date of deceased (mo., day, yr.) Postology 9 / 1888 8. AGE: Years Months Days It less than one day 6.(c) 11 alive, give age S. years 7. Birth date of deceased (mo., day, yr.) Postology 9 / 1888 8. AGE: Years Months Days It less than one day 6.(d) Name of husband or wite Sallie S. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.7. 19.7. 19. 19 and that I last saw h in alive on 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
9. Birthplace	Oue to
14. Maiden name	Major findings of operations
Address Come St. Compage on D	Actopsy results PHYSICIAN: Please noderline the caose to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, Illi in the following:
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereo1. D 4 20 48 (month) (day) (year)	Accident, suicide, or homicide
Location long lead to D	Injured at home, 1arm, industry, public place (where?) Means of Injury Injured at work?
18. Funeral director State Carc & lacoungtons	Λ .

Registrar

Injured at work?

218-05-8880

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baftimore

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Somerset City or town Crisfield (If outside city or town limits, write RURAL and give neurest town) Paper St. (If rural, give LOCATION) ***********************************
3. (a) FULL NAME PETER BROUGHTON	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Madowed	MEDICAL CERTIFICATION 20. DATE OF DEATH APRIL 29 18. 3.8 2.1 9.30 F
B.(6) Name of husband or wite Eva Davis Deceased s.(c) ff alive, give age years 7. Birth date of deceased (mo., day, yr.) November 15, 1874	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.44, to 2.9 19.44, and that I last saw he amonalive on 2.9 19.48. Immediate cause of death
8. AGE: Years Months Days If less than one day 73 5 14 mhrs. min.	Immediate cause of death OUNATION
9. Birthplace	Due to.
Peter Broughton Jamestown, Md.	Dither conditions
Eliza Maddox 14. Maiden name Eliza Maddox Jamestown, Md.	Major findings of operations of the state of op. February 1774
Ethel Broughton Address Crisfield, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:
Burial Date thereof May 3, 1948 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Lawsonia Cemetery	Accident, suicide, or homicide
Crisfield, Md. 18. Funeral director. H. Harvey Bradshaw	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address Crisfield Md. 19. May / 19. 48 Janie E. Spies Registrar	23. SIGNATURE S. M. Parts In

MAY 5 1948

BUREAU V. S.

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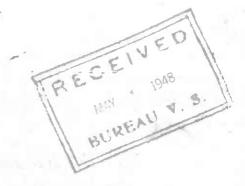
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2

	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Sallie 1. Donohul 4. Sex 5. Color or race B. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
6. (b) Name of husband or wife	20. DATE OF DEATH A PARTY OF 19. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
9. Birthplace Eden md (Town, county, and state) 10. Usual occupation of the state	Due to. State of the conditions State of Meliter
14. Malden name Dennie Marie 15. Birthplace Eden md 16. Informant Allelt Danahal Address Eden md	(Include pregnancy within 3 months of death) Major fiudings of operations
(Burial, cremation, or removale Which?) Cemetery or crematory Clean Location Eclips	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director dans to the Alexander Address Salinbury 3rd 19. 4/30 1948 For Jahasan M	Misans of Injury Injured at work? 23 SIGNATURE See S. Saury M. D. or other M. D. or other



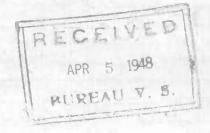
W. Tarl

APR .8 1948.
BUREAU V. S.

2411 N. Ch	arles St., Baltimore
CERTIFICA	ATE OF DEATH 1300 Rog. Dist. No. 262
1. PLACE OF DEATH: Some and the county of town Revenue and the county of the county of town Revenue and the county of the county of town Revenue and the county of the coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many County City or lown Residence ity or town limita, write RURAL and give nearest town)
How long in above place of dealh?	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Sarrith - C. T.	Layward 3. (b) Social Security Number
4. Sez 5. volor or race 6.(a) Single, married, widowed, or discred	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or Wife	21. I CERTIFY that death occurred on the date above stated that I attended deceased from
7. Birth date of deceased (mo., day, yr.) engined 26-1860	and that I last saw her alive of the more of death and the sales of
8. AGE: Years Months Days If less than one dayhrs.	Hyperthising Cardio-Vas
8. Birthplac Renal (Town, county, and state)	J.S. Due to.
1D. Usual occupation	Due to Servett 67
12. Name John Kalzey Haywan	Other conditions
E 14. Mailen name Sarah FS, Custino	Major findings of operations.
16. Informant Miss Elizabeth Haywar	Autupsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address Rural Tocorbie 1996 17. David San Dale thereof April 3 9 (Burial, cremation, or popular Which?) (Burial, cremation, or popular Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or cremetery of Injury Especial Ca	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral directors	Means of Injury Injured at work?
Address Facobacka lity no Chirl 3 1948 Mrs Claritin Do	23. SIGHATURE A OUD T. A Chwelly M. D. opother M. D. opother Strar Address Pocomobe City Date signed 4-3-4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
County	(For newborn infants give resiliente of mother)	
City or town(If outside city or town limits, write RURAL and give nearest town)	State Designation County Vormerat	
How long in above place of death?	City or town	
Hospital, Institution, or street address where death occurred:		
	Street No(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) it veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
(Philason &)		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
mal. 10 0 (14.0 0	0 /	
oney the med	20. DATE OF DEATH. Closel 1 a 1948 st 2 Pa. M	
8.(b) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	and that I last saw hallye on	
deceased (mo., day, yr.)	Immediate cause ni death	
8. AGE: Years Month Days It tess than one day	<u></u>	
66 min.	mysordiles	
9. Birthplace	Due to	
9. Birthplace		
1D. Usual occupation.	Due to.	
11. Industry or business		
	Diher conditions	
12. Name		
	(Include pregnancy within 3 months of death)	
14. Maiden name. Comment Comme	Major findings of operations	
\$ 15. Birthplace / Nomeral Co, may	Date of op	
18. Informant John Johnson	Antonsy results	
Wa 7/1-	PHYSICIAN: Please anderline the cause in which death should be charged statistically.	
Address // Statemy min	22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burial, cremation, or remoral, Which?) (Burial, cremation, or remoral, Which?) (Burial, cremation, or remoral, Which?)	Accident, suicide, or homicide	
	Where did injury occur?	
Cemetery or crematory		
Location / Location	injured at home, farm, industry, public place (where?)	
18. Funeral director. Class Ward	Means of injury injured at work?	
2011		
Address On arion views 311	23. SIGNATURE M. D. or other	
19. 4/2 1948 K.N. Johnson.	(N) Amend MA	
(Date rec'd by registrar) Registrar	Address Address Market Charles signed	

APR 3 1948

BUREAU V. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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f	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Snew case	(For newborn infants give residence of mother)
County	State Masylond County Somerce
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	a.o State
(If outside city of town limits, write RURAL and give nearest town)	City or town haveles and
fow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
fospital, Institution, or street address where wath occurred:	Street No.
	(If rural, give LOCATION)
tow long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clinton dones	
i. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
nel. D. C. Duca of sure is in	1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
male working manuel	20. DATE OF DEATH. A. Dri 1 2 1948 . at 3.30b
-MAN Les Viers	21 I CERTIFY that death recurred on the date above stated: that I attended deceased from
S,(b) Name of husband or wife	21. I CERTIFY that death/occurred on the date above stated: that I attended deceased from
S.(c) If allve, give age Hof Kee	
i, Birth date of	and that I last saw h and alive on April 1948
deceased (mo., day, yr.)	
AGE: Years Months Days If less than one day	Immediate cause of death
2/	
3/hrs	min. Acute 4mestinal Obstruction 2 Day
Birthologo Princess Quice Med.	
. Birfhplace (Town, county, and state)	Due 10
B. Barrel assurables To about	
D. Usual occupation.	Due fo
1. Industry or business	
12. Name Rufus Jones 13. Birthplace and and make	Diher conditions
13. Birtholace Parage & aude, mal	
	(Include pregnancy within 8 months of death)
14. Maiden name Hattie Juliemus.	
	Major findings of operations
El 15. Birthplace Annelles anne, Mar.	
la dia sanon	
6, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Manual of Beneder Min.	rnibician: riease adderime the cause to which death should be charged statistically.
0 10 10 10 10	22. VIOLENCE: If death was due to external causes, fill in the following:
7 Burel Date thereof 7 7 7 7 7	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory. House planes	Where did injury occur?
Location to name, mo.	Injured at home, farm, industry, public place (where?)
41 00	Means of Injury Injured at work?
18. Funeral director William Ty James H	X _m
Garage Only	9. 9. m
Address guess dine, Maga.	22 STENETHE Older J. ! levisonar
1/10 18 A 1/1 16	M. D. or other

APR 16 1948 BUREAU V. S.

PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town All Male Country Description (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? City or town Illimits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give nearest town)	vn)
Hospilai, institution, or street address where death occurred: Street No	
3. (a) FULL NAME (3. (b) Social Security Number ()	r
4. Sex 5. Color or race 6.(a) Sigle, married, widowed, or divorced MEDICAL CERTIFICATION	
Male a.a. Maried 20. DATE OF DEATH April 11 10 19.418 , at 4	
6.(b) Name of husband or wife	1948
7. Birth date of and that I last saw h and that last saw h and that I last saw h and that I last saw h and that last	19248
deserved (mo day yr)	URATION
59 hrs. min. Chronic Myocarditis 4	miss
9 Richaiges Domes Quarter and Due to	
(Town, county, and state)	
10. Usual occupation. Aghlass. Due to.	
11. Industry or business James Asphbave	
12. Name Caliny By Garles Bither conditions Bither conditions	
(Include programey within 3 months of death)	
14. Major findings of operations. Major findings of operations.	
15. Birtholage frames and Baje of op. Baje of op.	
PHYSICIAN, Please underline the cause to which death should be charged statistics	illy.
Address planes Quale ma 22. VIOLENCE: If death was due to external causes, till in the following;	
17. Date thereof (day) (year) Accident, suicide, or homicide	****
Cemetery or crematory Dames Quartes Where did injury occur? (City or town) (County) (State)
Location Alarge Quantum md Injured at home, farm, Industry, public place (where?)	
Meens of Injury Injured at work?	
18. Funeral director familia fill bullions.	
Address Journal M. D. or other	2
19. (Date rec's by registrar) 19.4 (K. V. Johnson M. d. Address Prince Cess A more, roughly signed #/	2/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

CERTIFICATE OF DEATH

04175 Reg. Diat. No. 265

/		Nog. Disc. No	
1. PLACE OF DEATH:	Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
Cricfield		State Maryland County Somerset	
(If outside sity or town limits write RIRAL and give negret town)		Cricfield	
they long in above place of death? 00 years		(If outside city or town limits, write RURAL, and give nearest town)	
dospital, institution, or street	address where death occurred: McCready Hospital	Street No. Rural, Hopewell	
	30 hours	(If rural, give LOCATION)	
How long in hospital or institu	illon?O HOUTS	2.(a) if veteran, name war ******	
3. (a) FULL NAME		3. (b) Social Security Number	
	SENA A. LANDON		
4. Sex 5. Co	lor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female W	nite Widowed	20. DATE DE DEATH. Ohl 84. 1948 21 7500	
2 023020 111			
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	Deceased _{6.(c)} If alive, give ageyears	and that I last saw here alive on graph 1940	
7. Birth date of deceased (mo., day, yr.)	January 28, 1873	and that I last saw harman alive on	
8. AGE: Years	Months Days if less than one day'	Immediate cause of death DUBATION 50 CLV	
75	2 10hrsmin.	was and desired of the	
		0 12.0 0	
9. Birthplace		Oue to alance Dut reglelles	
10. Usual occupation	Housewife	Chance mysculles fells	
	Home	Due to	
11. Industry or business	Tohn W Dlissond	(a) - (t - C a)	
불 12. Name		Other conditions Jesus Carles Selections	
13. Birthplace	Reading, Penna.	(Include pregnancy within 3 months of death)	
14. Malden name	Melissa Boone	Major fiediogs of operations.	
15. Birthplace	Crisfield, Md.	Major nodiogs of operations	
	George W. Bradshaw	Aotopsy results.	
16. Informant	Crisfield, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address		22. VIOLENCE: if death was due to external causes, fill in the following;	
17(Burial, cremation, or re	Burial Date thereof Apr 11, 1948 (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation, or re	Crisfield Cemetery		
Cemetery or crematory	Chickiely My	Where did injury occur? (City or town) (County) (State)	
Location	Crisfield, Md.	Injured at home, farm, Industry, public place (where?)	
	H. Harvey Bradshaw	Meens of injury injured at work?	
18 Euperal director			
18. Funeral director	Crisfield, Md.	23. SIGNATURE Design Bluellin m M. D. or other	

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APR 16 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			Reg. Dist. No
1. PLACE OF DEATH: Somerse	t	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	
Crisfield Caron		state Maryland Cou	
City or town(If outside city or town limits, w	rite RURAL and give nearest town)	Criceiala	un(j
How long in above place of death? 63 years Hospital, institution, or street address where death occurred; McCready Hospital		City or town	s, write RURAL and give nearest town)
		Street No. Wynfall Ave	
		(If rural, give	LOCATION)
How long in hospital or institution?	days	2.(a) If veteran, name war	
3. (a) FULL NAME			1 0 (1) C + 1 C + 1 Y 1
	T		3. (b) Social Security Number
George L.			The second second
	Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Male White M	arried	20. DATE OF DEATH April 25	19 48 at 7 30 A
	Mps		
6.(b) Name of husband or wife Bessie M	. Lowe	21. I CERTIFY that death occurred on the date abo	
			47 10 april 25 19 48
7. Birth data of deceased (mo., day, yr.) Sept. 18,1		and that I last saw h	peril 25 18.48
		Immediate cause of death	DURATION
8. AGE: Years Months Day	A SHE SHE SHE STATE OF THE SHE	Miabetic yan	igrene 2 mo
63 7 7	hrs,min.	5 hoch anyoutst	
Chicfield Man	viland :	and the same of th	con fine ey sury
9. Birthplace Crisfield Mar (Town, county,	and state)	Due to	
10. Usual occupation Barber		10.0A	0.0 - T
IV. USUAT OCCUPATION		Due to Meabeles Me	llilus 3 yrs.
11, industry or business	3.		
W. Franklin L 12. Name Crisfield, M		Other conditions arkere o sele	rosis. (4)
13. Birthplace Crisfield, M	aryland	Idenii wlenia	et tye.
	ks	(Include pregnanty within 3 r	months of death)
工 14. maiden name		Major findings of operations Obfile	ration of intima 9
Fairmount,	Marylanu	neuls, arter	in soly pate of an aperil Zo-4
Lucas Lowe		Antoney results Trong	order,
Crisfield.M	arvland	PHYSICIAN: Please underline the cause to wh	hich death should be charged statistically.
Address	-,/	22. VIOLENCE: If death was due to external cau	
17. Burial (Burial, cremation, or removal, Which?)	thereof April 27,1948 (month) (day) (year)		
		Accident, suicide, or homicide	
Cemetery or crematory Sunny Ride	e	Where did Injury occur?(City or town)	(County) (State)
Crisfield. "a	ryland	Injured at home, farm, Industry, public place (wi	
Location Hubbard & Co	***************************************	Means of Injury	Injured at work?
			2 1 2
Address Main St, Crisfi	FIG ,Md	23. SIGNATURE C. S.	awley MD.
19 april 27 19 48 (Date rec'd by registrar)	Janua E. Spire	or Crustield	md M. D. or other
(Ditte rec d by registrar)	tegistrar	Address	Date signed 4.26/4

MAY 5 1948 BUREAU V. S.

PLEASE WRITE PLAINLY, I is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
A	2.(b) Il veteran, name war
3. (a) FULL NAME Clester oseph Maddox 4. Sex 5. Color or rice (6.(a) Single, married, widowed, or divorced M. Col. Single	3. (b) Social Security Number 213-16-7954 MEDICAL CERTIFICATION 20. DATE OF DEATH Afril 20 1948 at 9 A M
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. 6 Irth date of Par L 91 1919	and that I last saw harmalive on and 18 42.
8. AGE: Years Months Days It less than one day	Immediate cause of death Out Due Drey 100g
9. Birthpiace Xingston Samuerty Med. 10. Usual occupation Salvarar	Oue to Paul Toron Demolies 3 miltos
IU. USU21 OCCUPATION.	Due to
11. Industry or business 12. Name . William Maddox 13. Birthplace Xingston, Md.	Other conditions.
14. Maiden name Mary Jones 15. Birthplace Frairgubrut, Md.	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Daipy Clivice Thomas Address 945 De Broad St. Cristield Md.	Autopsy results
17. Augustion, or removal. Which?) Cemetery or grematory. Oate thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Kingston, Md.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Marion Sta., MA:	23. SIGNATURE Sury Claullown M. D. or other
19. (Date red'd by registrar) 19. (Date red'd by registrar)	Address morem 25000 Date signed pil 23 3

APR 29 1948

BUREAU V. S.

WICH CNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 265

/						
1. PLACE OF DEAT	Somerget	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County	Cniatiold	State Maryland County Somerset Crisfield				
City or town(If outs	ide alter or town limits write RIRAL and give negreet town					
How long in above place of	death La Years	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, institution, or str	eet address where death occurred: 302 N. First St.	Street No. 302 N. FirstSt. (If rural, give LOCATION)				
	stitution,*********	2.(a) if veteran, name war. ************************************				
3. (a) FULL NAME		3. (b) Social Security Number				
	MIKUS MILLER					
4. Sex 5	. Cotor or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male	White Single	20. DATE OF DEATH APPRIL 1 10 49 01215 M				
6.(b) Name of husband or	None	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
P.(O) Name of nuspane of	WITE	Mar: 3 18/4 8: , 10 april 6 19 / 8				
7. Birth date of		and that I last saw hill alive on light sulf fig. 18 18				
deceased (mo., day, yr.)	November 9, 1863	Immediate cause of death CONOMAN DURATION				
8. AGE: Years	Months Days It tess than one day	acelleun				
84	4 22hrsmin.	•				
9. Birtholace	Barden, Germany	Due to				
	(Town, county, and state) Bricklayer					
1D. Usual occupation		Due to				
11. Industry or business	Building					
12. Name	Joseph Miller	Other conditions				
13. Birthplace	Germanÿ	(Include pregnancy within 8 months of death)				
至 14. Maiden name	Mary ?					
14. Maiden name 15. Birthplace	Germany	Major findings ol operations.				
=1 13. Britiplace	Lewis B. Bradshaw					
16. Informant		Autopsy results				
Address	Crisfield, Md.	no VICEPNOT 14 death was due to anternal sources fill in the following:				
17	Burial Date thereof April 4, 1948 (month) (day) (year)	Accident, suicide, or homicide				
(Burial, cremation, or	Sunny Ridge Memorial Pk.					
Cemetery or crematory		Where did injury occur?				
Location	Hopewell, Crisfield, Md.	Injured at home, farm, Industry, public place (where?)				
18. Funerat director	H. Harvey Bradshaw	Meens of Injury Injured at work?				
Address	Crisfield, Md.	(Alega (t) Xall The				
Audress	10 1	23. SIGHATURE M. D. or other				
19. 4/	1948 Janes G-Africa	Whosher of A Dust While I				
(Date ree'd by regist	rar, // Registrar	Address Date signed To find the signed of th				

APR 6 1948
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Dist. No. 26

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County & Omland	had done
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas W. Noble	918-09-7835
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white haved	20. DATE DE DEATH A 19 48 at 4 P M
6.(b) Name of husband or wife Lama M. Noble	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
	april 19 19 4 610 april 14 1948
7. Birth dale of	and that I last saw h. Malive on Asch 14 4 194 5
deceased (mo., day, yr.) Telberiary (2) 1886	Immediate cause of death
8. AGE: Years Months Days If less than one day	Caremona Bladde Juste
19 £ ,	
9. Birinplace Constant (Town, county, and state)	Due to
(a c h c - Terr	
10. Usual occupation.	Due to
11. Industry or business 1 Hours (on the line	
12. Name Colored Market forker	Other conditions along the second to year.
13. Birthplace	Another pregnancy within 3 months of death)
# 14. Maiden name towns Januth	include pregnancy within 3 months of death)
6 00 1 72 1	Major finding of aperations
15. Birthplace Cliviante Mai	Dale of op.
16. Informant of the state of t	Autupsy results
Address Windle Mill.	
17 Buried Date thereof 1 16;1948	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 1 2 CV A	Where did Injury occur? (City or town) (County) (State)
Location Criticale Mid.	Injured at home, farm, industry, public place (where?)
18. Funeral director Dale Dishell	Means of Injury tnjured at work?
3	As Bul Paris
Address frances a larger file.	23. SIGNATURE LEE 1 17 MM LONG
19 april 66 1948 Mm & Barnett	M. Dor other
(State rec'd by registrar) Registrar	Address 11/16 - CP Chair signed





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 268

13 1 1 1 1 1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Crisfield	Slate Maryland Couoty Somerse t				
City or town	" Crisfield				
How long In above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred:	Sireet No. Paper St.				
Paper St	(If rural, give LOCATION)				
How long in hospital or institution?************************************	2.(a) It veteran, name war				
3.(a) FULL NAME Octavia Pew	3. (b) Social Security Number				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 300 H				
Female Colored Single	20, DATE OF DEATH ARAL 28 1548 at M				
6,(b) Name of husband or wife None	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
	march 28 1948 to Cape 12 1948				
7. Birth date of October 15, 1904	and that t last saw h. W alive on				
Becease / mail #=31 1.00	Immediate cause of death				
o. Aut.					
	Boreander				
9. Birthplace	. Que to				
Seafood Laborer					
10. Usual occupation Oyster	Oue to				
11. Ingustry of pusiness	50-11				
Wi mani ni o	Other conditions				
	(Include pregnancy within 3 months of death)				
Mary Jane Lankford 14. Maiden name Mary Jane Lankford Princess Anne, Md.	Major findings of operations.				
	Oate of op.				
16. Informant Fred Dorman	Autopsy results				
Address Graysonville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Burial pale thereot Apr 30, 1948 (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide				
Cemetery or crematory. Greenwood Cemetery	Where did injury occur?				
Princess Anne, Md.	Injured at home, tarm, industry, public place (where?)				
18. Funeral director. H. Harvey Bradshaw	Means of Injury Injured at work?				
Address Crisfield, Md.	6.01				
2	23. SIGNATURE S - Us Payton W. J. or other				
19. April 30 19 48 Marice 6. Spice. (Data rec'd by registrar) (Registrar)	Address Crippell Led Oate signed Apr 1917				
(Lange Local of Legionary					



2411 N. Charles St., Boltimore

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CERTIFICATE OF DEATH

M	CERTIFICAT	TE OF DEATH Reg. Diat. No. 260			
information carefully. The cort of death clearly and legibly.	1. PLACE OF DEATH: County OMERSET City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARY LAND County SOMERS CITY City or town. MT. SERNON (PRINCESS ANNE RORN) (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. (b) Social Security Number			
of	4. Sex S. Color or race S. Co) Single, married, widowed, or divorced WIDOMED	MEDICAL CERTIFICATION 20. DATE OF DEATH			
Supply every item of lease write the causes	8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19			
ADING INK. Sup Physicians: please	9. Birthplace MT VERNON SOMERSET MU (Town, county, and state) 10. Usual occupetion H D.U.S.E. WIFE	Due 10			
WITH UNFADIN important. Phys	11. Industry or business 12. Name GEORGE HOPKINS 13. Birthplace MT VERNON, MP. 14. Malden name EMILY AUSTIN	Other conditions (Include pregnancy within 3 months of death) Major fiedings of operations.			
LAINLY, vespecially	15. Birthplace MT. VERNON MD. Birthplace MT. VERNON MD. Priorecs Anne - MT. VERNON, MO. 17. BUR ALL Burial, cremation, or removal. Which?) Date thereof MAX 2, 148 (month) (day) (year)	Accident, suicide, or homicide			
WRITE	Cometery or crematory F. M. T. VERNON METHODIST Location MT. VERNON MD. 18. Funeral director. C. HARLES D. ASHIELL	Where did Injury occur?			
PLEASE	Address PRINCESS ANGE MO. 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Address January Comments and South			

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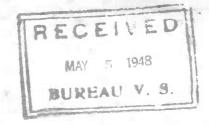
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	Somerset	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	
County Westover, Rural City or town (If outside city or town limits, write RURAL and give nearest town)		State Maryland Coun	Somerset
City or town(If outside city	or town limits, write RURAL and give nearest town)	Westower	
Now long in above place of death?	60 years	(If outside city or town limits,	write RURAL and give nearest town)
Nospital, Instilution, or street add	ress where dealh occurred:	Street No. RFD # 1	
	RFD #1	Street No. (If rural, give	LOCATION)
How long in hospital or institution	, *******	2.(a) If veteran, name war. ********	
	Financian	2.(c) If return, hand has	
3. (a) FULL NAME			3. (b) Social Security Number
	ELLA M. RICHARDSON		XXXXXXXXXX
4. Sex 5. Color of	or race 6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Female Wh	ite Married	H1108.	2 48 43
		20. DATE OF DEATH	1948 2143
6 (b) Name of husband or wife	Robert W. Richardson	21. I CERTIFY that death occurred on the date above	1
Siloy Hamile Of Hamiles of Allendary	6.(c) if alive, give age 69 years	185	15 to 19
7. Birth date of		and that I last saw h. A. alive on	L 25 19
deceased (mo., day, yr.)	February 18, 1878	Immediate cause of death	
o. AGL.	oths Days It less than one day	(coul Die o)	New / ur
70	2 22. min.	Y	,
	Fairmount-Somerset-Md.	- Oe - O. A.	· de es Ba
9. Birthplace	(Town county and state)	Due to	Jes Des
	Housewife	Character The Company	Tours of the same
1D. Usual occupation		Due to	
11. Industry or business	Home		
当 12. Name	James A. Bromley	Other conditions level arles	& Peleons Jell
12. Name	Wicomico Co., Md.	V	× ×
×	Mary E. Livingston	(Include pregnancy within 3 m	onths of death)
置 14. Maiden name		Major findings of operations	
X 15. Birthplace	Wicomico Co., Md.		Date of op
	Robert W. Richardson	Autopsy results	
16. Informant	Westover, Md.	PHYSICIAN: Please underline the cause to whi	ich death should be charged statistically.
Address		22, VIOLENCE: It death was due to external caus	ses, till in the following:
17	Buria la thereof May 2, 1948 (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation, or remov	ral, Which?) (month) (day) (year)		
Cemetery or crematory	Zion Cemetery	Where did injury occur?(City or town)	(County) (State)
	Fruitland, Md.	Injured at home, farm, Industry, public place (wh	ere?)
Location		Maans of injury	injured at work?
18. Funeral director	H. Harvey Bradshaw	0	2
Address	Crisfield, Md.	23 SIGNATURE Luigo 66 or	ill me
	0 .	23. SIGNATURE LUGO O O OTA	M. D. or other
19. May / (Date rec's by registrar)	18 48 Janes 6 Spires	marin sto	and Date signed May 1:
(Date rec'd by registrar)	Registrar	Address	Date Signed



VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

City or town. City or town. (If outside city or towy limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn inflants give residence of mother) Slate County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give/LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William H. Roberts.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole coe widowse	20. DATE OF DEATH afril 19, 19.48, 21 1.15 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from
	April 20 1947 10 April 19 1848
T. Birth date of	and that I last saw h. Land alive on A pri 1 1/64 19.48
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
/6min.	Chronic General Aribritis 2 yours
10 emes ques les	B. 4
B. Birthplace (Town, county, and state)	Due to.
tarming	
10. Usual occupation.	Due to
11. Industry or business	
H 12. Name Order Person.	Other conditions 9 milec el loce more 8 miles
3. Birthglace Homes quarter.	boils
	(Include pregnancy within 3 months of death)
14. Maiden name Vergie Williams 15. Birthplaces Defines fluorier.	Major findings of operations.
≥ 15. Birthplace Namesfilesiles.	Date of op
16. Informant Jacase White	Antopsy results
1 ame The actor	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address A doron 4 Control	22. VIOLENCE: If death was due to external causes, fill in the following:
17 During Date thereof Coper. of 1942	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Demes Greater ma	Injured at home, farm, Industry, public place (where?)
Bother Molwest	Mssns of Injury Injured at work?
18. Funeral director	c om
Address Palls very 114	- Jardsman
4/31 18 P3/ (1) m	M. D. or other
19. 19 Dansey	Princess Anne toold note stoned H. 20. 48

APR 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

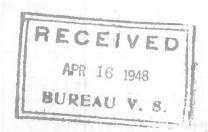
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1 DIACE OF DEATH				2 HISHAL DESIDENCE (HO	ME) OF DECEASED.	
1. PLACE OF DEATH	Somer	set		2. USUAL RESIDENCE (HO (For newborn infants give re		
	Cmi af	ield			County Somerset	
How long in above place of d	ie city or town lin	nita, write l	URAL and give nearest town)	City or town Crisfi	eld town limits, write RURAL and give nearest	
How long in above place of d Hospital, institution, or stre	er address where d	eath occurre	i:	106 Ch	esapeake Ave.	, 60%
	106 C	nesap	eake Ave.	(If	rural, give LOCATION)	,
How long in hospital or Inst	****	****	*	2.(a) II veteran, name war	*****	
3. (a) FULL NAME					3. (b) Social Security Nur	mbei
	CHRIS			TYLER		
4. Sex 5.	Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDIO	CAL CERTIFICATION	-
Male	White	Wi	dowed	20. DATE OF DEATH.	19 48 at	1
6.(b) Name of husband or w	"Lilli	e Tvl	er		the date above stated; that I attended deceased	Irom
	116		c) II alive, give ageye		1946 10 Cyail 9	
7. Birth date of	March			and that I last saw h. alive on	april 9 0	
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	It less than one day	Immediate cause of death		0
69	0	8	hrsm	in.		3v
	Crist		Somerset-Md.	Due to Market 1		کم
9. Birthplace	(Town,	county, and				
1D. Usual occupation	Water			Due to		
11. Industry or business	Seafo					
12. Name			ler	Other conditions S. past	e taraglagia.	.5
13. Birthplace	Somer	set C	o., Md.	(Tackdo programa)	within 3 months of death)	
14. Malden name	Sarah	Laws	on	Major findings of operations		
15. Birthplace	Crisf:	ield,	Md.		Dale of op	
16. Informant	Mrs.	Olin	Bedsworth	Antoney results		
Address	Crisf	ield.	Md.	PHYSICIAN: Please underline the	cause to which death should be charged stat	istica
	Buria			22. VIOLENCE: If death was due to		
(Burial, cremation, or			month) (day) (year)		Dale of	******
Cemetery or crematory				Where did injury occur?(City	or town) (County) (S	tate
Location	Asbur	y, Cr	isfield, Md.	Injured at home, farm, Industry, publi	c place (where?)	
1B. Funeral director	Gordon	1 Law	son	Means of Injury	Injured at work?	
Address	Crisfield, Md.				D 1 9	

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man i Lanu	DIALL	DELEMENT	VI	

2411 N. Charles St., Baltimore

()4185 Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)			
Cricfield	State Maryland County Somerset			
City or town	City or town Crisfield (If outside city or town limits, write RURAL and give nearest town) Mariner's Road (If rural, give LOCATION) 2.(a) If veleran, name war ***********************************			
How long in hospital or institution?				
3. (a) FULL NAME ALICE WARD	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Widowed	20. DATE OF DEATH Amil 30 1948 at 1 30 A			
6.(b) Name of husband or wife Fred H. Ward Deceased 6.(c) If alive, give age years	21 CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to 20.18.0 19.48			
7. Birth date of	and that I last saw her alive on and 29 19 48			
deceased (mo., day, yr.) AUSUST 25	Immediate cause of death DURATION Coch De of Head 24 less Commence of death 24 less			
9. Birthplace Poulson-Accomac-Va. (Town, county, and atate) Housewife	Closes Anong les			
11. Industry or business Home	Due to:			
Lewis R. Bailey 13. Birthplace Unknown	Dither conditions of death) Descriptions of death) Descriptions of death)			
14. Malden name Nary Anna Pecar 15. Birthplace Unknown	(Include pregnancy within 3 months of death) Major findings of operations			
Delcenia Kelley Evans Address Exmore, Va.	Actorsy resolts			
Address Burial Date thereof May 2, 1948 (Burisl, cremation, or removal, Which?) Cemetery or crematory St. Paul's Cemetery Location Marion, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
18. Funeral director. H. Harvey Bradshaw	Means of injury injured at work?			
Address Crisfield, Md. 19. May 1 18 48 Parise Elavie	23. SIGNATURE CONCENSION W. D. or other Address William D. Orgo, Bate signed Middle 4.8			

MAY 5 1948

MUREAU V. S.

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

important.

PLAINLY, V is especially

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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(14186 Dist No. 265

CERTITICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Somerset Crisfield (If outside city or town limits, write RURAL and give nearest town) Broadway (no number) (If rural, give LOCATION) ********* 3. (b) Social Security Number
LILLIE M. WARD	J. (V) Ducial Decuisty Humber
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female Colored Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH. Spile 13 19. 48 at 8 21 M
6.(b) Name of husband or wife Algie Ward Deceased 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) March 31, 1897	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from to April 3, 19 49 and that I last saw h. As alive on
8. AGE: Years Months Days It less than one day 51 0 12hrsmin.	Sarania delestion of heart
9. Birthplace Crisfield-Somerset-Md. (Town. county. and state) Seafood Worker 10. Usuat occupation Seafood The seafood Seafood The seafood Seafood The seafood Seafood Seafood The seafood Seaf	Due to
14. Maiden name Sarah A. Tull Signification of the start	Major findings of operations Observed and the state of t
Address Crisfield, Md. Burial Date thereof Apr 16, 1948 (Burial cremation, or removal, Which?) (month) (day) (year) Lawsonia Cemetery Crisfield Md	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
location Crisfield, Md. 18. Funerat director H. Harvey Bradshaw Address Crisfield, Md. 19. Open 15 th 48 Seelle Supflex Registrar	Injured at home, tarm, Industry, public place (where?) Means of Injury 10 Injured at work? 23. SIGNATURE M. D. or other Address Date signed

APR 24 1948 BUREAU V. S.

WRITE

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: County					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAM	1E				3. (b) Social Security Number
			FARET	HATTEN WARD	* *****
Female		hite		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH 48 21 640
6.(b) Name of husban	d or wi	16	H. Weased	ard c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day.	, yr.)			1868	and that I last saw h. A. alive on
8. AGE: Yea	rs BO	Months	Days	It less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace 1D. Usual occupation. 11., Industry or busine	- 0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Hous Home	county, and county, and county, and		Due to
12. Name	14		amin neock,	Walter Nelson Va.	Other conditions the total of spending I have
14. Malden name	£		y Sus field	an Evans	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant		Wiln	er Wa	rd	Anishiy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17(Burial, crematio	on, or r	Buri	al _{Date ther}	(month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Crisfield Cemetery Crisfield, Md.					Where did Injury occur?
18. Funeral director.		н. н	larvey	Bradshaw	Means of Injury Injured at work?
Address			field	, Md.	Peyton W. J
19. Opril	30 egistra	19 48 (r)	Jo	uice E. Spines Registrar	Address C Date signed C 30

